

Berlin Police Department Memory Impaired / Special Needs Form

Date: _____

Place Photograph Here

Full name: _____

Nickname (if any): _____

Lives with: _____

Relationship: _____

Street Address: _____

Date of Birth: _____ Age at time of Photo: _____

State _____ Zip Code _____ Telephone _____

Height _____ Weight _____ Eye color _____ Hair color _____ Race _____

Male ☐ Female ☐

Language/ /Speech pattern or problem: _____

Individual habits: _____

Medical Conditions: _____

Medications/ Brief Purpose/Usage: _____

Check the characteristics that apply:

Glasses ☐ Contacts ☐ Hearing aid ☐ Wig ☐ Beard ☐ Mustache ☐

Bald ☐ Cane ☐ Other _____

Describe location: Mole _____ Tattoo _____

Scar _____ Birthmark _____

Amputation _____

Does person wander? _____ If so, in any particular place? _____

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Is the person known to be physically violent or verbally abusive? _____

Any other helpful comments: _____

Additional Contacts (can be called and receive information if a person is missing or found)

Name _____ Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____

Relationship _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____

Relationship _____

ACKNOWLEDGEMENT (Must be signed)

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing. **(Form maybe emailed with attached Photo to dispatch@berlinpolice.org)**

Acknowledgement by: (please print name)

Relationship

Signature

Date